

## TRAVEL EXPENSE CLAIM

***See Instructions and Privacy***

**Statement on Reverse Side**

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STD 262 (REV. 10/92)

**CLAIMANT'S NAME**

John Cruz

POSITION

CB/ID NUMBER
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DIVISION OR BUREAU

INDEX NUMBER
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Appointments Secretary

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS
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TELEPHONE NUMBER

1350 Front Street, Suite 6054

СПУ

STATE

ZIP

СПУ
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STATE

ZIP

San Diego

California

92101

[illegible]

CLAIM TOTAL

**\$1,029.88**

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

1.7.10 - 4.8.10 Appointments sign time with GAS, meetings with staff & appointment candidates.

1.13.10 - Appointments sign time with GAS, meetings and interview with staff.

### NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE

**USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of

California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or

greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage.

LAMANT'S SIGNATURE

DATE \_\_\_\_\_

SIGNATURE OF OFFICER APPROV

## AND PAYMENT

DATE

7 TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE